

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 0 1 5

2. STATE:

CALIFORNIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

P.L. 100-203, Section 4211
P.L. 104-315; 42 USC 1396r; 42 CFR 483.100 et. seq.

7. FEDERAL BUDGET IMPACT:

a. FFY 2002-2003 \$ 6,309,758

b. FFY 2003-2004 \$ 6,327,016

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

76
79S and 79t
Attachment 4.39, pages 1 and 2
Attachment 4.39-A, pages 1, 2 and 3
SPA Impact Form

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

89-01
None
None
None
None

10. SUBJECT OF AMENDMENT:

Preadmission Screening and Resident Review (PASRR)

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor's Office does not wish to review State Plan Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Stan Rosenstein

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Services
Medi-Cal Policy Division
1501 Capitol Avenue, Suite 71-4083
Sacramento, CA 95814

Attention: Ms. Denise Thomas
State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

August 28, 2003

18. DATE APPROVED:

September 10, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Revision: HCFA-PM-93-1
January 1, 1993

(BPD)

State / Territory: California

Citation

42 CFR § 431.152;
AT-79-18
52 FR 22444;
Sections 1902 (a)(28)(D)(i)
and 1919 (e)(7) of
the Act; P.L.
100-203 [Section 4211(c)]

4.28 Appeals Process

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR § 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR § 483.12; and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission screening and resident review requirements of 42 CFR 483 Subpart C.

TN No: 02-015

Approval Date

SEP 10 2003

Supersedes TN No: 89-01

Effective Date

OCT 1 2002

Revision: HCFA-PM-93-1
January 1, 1993

(BPD)

State / Territory: California

Citation

Section 1902 (a)(28)(D)(i)
and 1919 (e)(7) of
the Act;
P.L. 100-203
(Section 4211 (c));
P.L. 101-508
(Section 4801 (b)).

4.39 Preadmission Screening and Resident Review in
Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the state mental health and mental retardation authorities that meet the requirements of 42 CFR 431.621(c).
- (b) The State operates a preadmission screening and resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening and resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State Plan" the cost of NF services to individuals who are found not to require NF services.
- (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No: 02-015

Approval Date

SEP 10 2003

Effective Date

OCT 1 2002

Revision: HCFA-PM-93-1
January 1, 1993

(BPD)

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4.39 (Continued)

- (f) Except for residents identified in 42 CFR 483.118 (c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

TN No: 02-015

Approval Date SEP 10 2003

Effective Date OCT 1 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State / Territory: California

DEFINITION OF SPECIALIZED SERVICES

- I. Specialized services do not include mental health or mental retardation services which are of lesser intensity than specialized services and/or services furnished to NF residents as NF services and/or within the scope of services that the NF is required to provide or arrange, pursuant to 42 USC § 1396r, subdivisions (b)(2), (b)(4) and (e)(7)(G)(iii); and 42 CFR § 483.120, 483.124, 483.126 and 483.130.
- II. For individuals with Serious Mental Illness (SMI), defined in 42 CFR § 483.102 (b)(1), specialized services, as defined in 42 CFR § 483.120 (a)(1), means the services specified by the State which, combined with services provided by the NF, results in the continuous and aggressive implementation of an individualized plan of care that:
 - A. Is developed under and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals and, as appropriate, other professionals;
 - B. Prescribes specific therapies and activities for the treatment of individuals experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and
 - C. Is directed toward diagnosing and reducing the individual's behavioral symptoms that necessitated institutionalization, improving his/her level of independent functioning, and achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.
- III. For individuals with mental retardation (MR), defined in 42 CFR § 483.102 (b)(3), specialized services, as defined in 42 CFR § 483.120 (a)(2), means the services specified by the State, which, combined with services provided by the NF or other service providers, results in treatment which meets the requirements of 42 CFR § 483.440 (a)(1), i.e., a continuous active treatment program, which includes aggressive,

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DEFINITION OF SPECIALIZED SERVICES Cont.

consistent implementation of a program of specialized and generic training, treatment, and health related services that are directed toward:

- A. The acquisition of the behaviors necessary for the individual to function with as much self-determination and independence as possible; and
- B. The prevention or deceleration of regression or loss of current optimal functional status.

This does not include services to maintain generally independent individuals who are able to function with little supervision or in the absence of a continuous active treatment program.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State / Territory: California

CATEGORICAL DETERMINATIONS

- I. The State mental health or mental retardation authority may make advance group determinations that NF services are needed under the categories below, pursuant to 42 CFR § 483.130 (b)(1), (c), (d) and (e). In all other categories, and for convalescent care, terminal illness, and severe physical illness, an individualized specialized services evaluation must be completed under 42 CFR § 483.134 or 483.136.

A. CONVALESCENT CARE:

The individual is admitted directly from a hospital (after receiving acute in-patient care) to a NF for convalescent care from an acute physical illness, under the following conditions:

1. The acute physical illness required hospitalization;
2. Convalescent care is required to treat a condition other than the one for which the individual received care in a hospital; and
3. Prior to admission to the facility, the attending physician has certified that the individual is likely to require fewer than 30 days of NF services.

B. TERMINAL ILLNESS:

The individual's attending physician certified prior to NF admission, an explicit terminal medical prognosis that the individual has a life expectancy of 6 months or less if the illness runs its normal course.

C. SEVERE PHYSICAL ILLNESS:

As a result of a severe physical illness, the individual's level of impairment is so severe that the individual could not be expected to benefit from specialized services.

D. RESPIRE CARE:

The individual is admitted to a NF for a period not to exceed 30 days a year in order to provide respite to in-home caregivers to whom the individual with MI or MR is expected to return (home) following this NF stay.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CATEGORICAL DETERMINATIONS, Cont.

E. EMERGENCY SITUATIONS:

Provisional admission pending further assessment in emergency situations requiring protective services, with placement in a NF not to exceed 7 days.

F. DELIRIUM:

Provisional admission pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears, with placement in a NF not to exceed 7 days. The individual must have a primary diagnosis of delirium, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition (DSM-III-R).

- II. The State mental health or mental retardation authority may make advance group determinations that specialized services are not needed under the categories set forth below, pursuant to 42 CFR § 483.130 (b)(1), (c), (d)(4)-(6), (e), (f) and (h). In all other categories, including Convalescent Care, Terminal Illness and Severe Physical Illness, a determination that specialized services are not needed must be based on an individualized evaluation under 42 CFR § 483.134 or 483.136.

A. INDIVIDUALS WITH DEMENTIA, WHICH EXISTS IN COMBINATION WITH MENTAL RETARDATION:

The State mental retardation authority may make categorical determinations that individuals with dementia, which exists in combination with mental retardation or a related condition, do not need specialized services.

B. DELIRIUM:

Provisional admission pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears, with placement in a NF not to exceed 7 days. The individual must have a primary diagnosis of delirium, as defined in the DSM-III-R.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State / Territory: California

CATEGORICAL DETERMINATIONS, Cont.

C. EMERGENCY SITUATIONS:

Provisional admission pending further assessment in emergency situations requiring protective services, with placement in the NF not to exceed 7 days.

D. RESPIRE CARE:

The individual is admitted to a NF for a period not to exceed 30 days a year in order to provide respite to in-home caregivers, to whom the individual with MI or MR is expected to return (home) following this NF stay.

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